

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 09/21/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445459	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 09/20/2016
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NAME OF PROVIDER OR SUPPLIER

HANCOCK MANOR NURSING HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

1423 MAIN STREET
SNEEDVILLE, TN 37869

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 069 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Cooking facilities are protected in accordance with 9.2.3, 19.3.2.6, NFPA 96. This STANDARD is not met as evidenced by: Based on interview with 2 of 3 facility kitchen staff, the facility failed to ensure kitchen staff was familiar with K-Class fire extinguisher operating procedures.</p> <p>The findings include: Interview with 2 of 3 facility kitchen staff at 1:32 PM during a fire drill revealed staff was not familiar with the proper actions to take for a grease fire under the cooking hood. They were not familiar with the requirement to activate the kitchen hood suppression system manually prior to using the K-class extinguisher.</p> <p>This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 9/20/2016.</p>	K 069	<p>Hancock Manor hereby submits this plan of correction based upon the findings of a Health and Life Safety Code recertification survey/complaint investigation conducted by the East Tennessee Regional Office of Health Care Facilities on September 19-21, 2016. Please allow this plan to serve as our Credible Allegation of Compliance. The following POC shall not be construed as an admission of fault or an agreement with the findings of non-compliance. The POC is provided pursuant to federal regulations, which require an acceptable plan of correction as a condition of continued certification.</p> <p>K 069</p> <ol style="list-style-type: none"> 1) The Plant Operations Director conducted a one on one directed education with the 2 employees involved on September 26, 2016 regarding the proper actions to take for a grease fire under the kitchen hood. 2) All Residents have the potential to be affected by the citation. None were found to be affected by the citation. 3) The Plant Operations Director conducted a fire suppression training in-service for the dietary department on September 27, 2016. Also, given the therapy department has a similar kitchen hood set up, the therapy department was in-serviced on September 27, 2016 by the Plant Operations Director. 4) The Plant Operations Director will conduct fire drills focusing on grease fires under the kitchen hood weekly for one month and monthly for two months. The Plant Operations Director will present the results of these focused drills at the monthly Quality Assurance Performance Improvement Meeting X 3 months and focused drills will continue until 100% compliance is achieved. Members of 	

DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN3401	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 - LICENSURE B. WING: _____	(X3) DATE SURVEY COMPLETED 09/20/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HANCOCK MANOR NURSING HOME

1423 MAIN STREET
SNEEDVILLE, TN 37869

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N 832	<p>1200-8-6-.08 (2) Building Standards</p> <p>(2) After the applicant has submitted an application and licensure fees, the applicant must submit the building construction plans to the department. All facilities shall conform to the current edition of the following applicable codes as approved by the Board for Licensing Health Care Facilities: International Building Code (excluding Chapters 1 and 11) including referenced International Fuel Gas Code, International Mechanical Code, and International Plumbing Code; National Fire Protection Association (NFPA) NFPA 101 Life Safety Code excluding referenced NFPA 5000; Guidelines for Design and Construction of Health Care Facilities (FGI) including referenced Codes and Standards; U.S. Public Health Service Food Code; and Americans with Disabilities Act (ADA) Standards for Accessible Design. When referring to height, area or construction type, the International Building Code shall prevail. Where there are conflicts between requirements in local codes, the above listed codes, regulations and provisions of this chapter, the most stringent requirements shall apply.</p> <p>This Rule is not met as evidenced by: Based on observation, drawing review and interview, the facility failed to ensure dirty areas were provided with an exhaust that exhausts directly to the outdoors. (FGI 2010 edition Table 7-1) The findings include:</p> <p>1. Observation and interview with the Maintenance Director, on 9/20/2016 at 1:32 PM confirmed the can wash room was not provided with an exhaust. The maintenance supervisor verified there was a return air duct recirculating the air back to the air handling unit.</p>	N 832	<p>the Quality Assurance Performance Improvement Committee are the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing/Minimum Data Set Nurse, Business Office Manager, Social Services Director, Activities Director, Dietary Manager, Rehab Manager and Plant Operations Director.</p> <p>The completion date of the above stated actions is October 17, 2016.</p> <p>N 832</p> <ol style="list-style-type: none"> 1) The Plant Operations contacted our HVAC contractor on September 20, 2016 to have the return line in the can wash room removed and changed to an exhaust line that exhausts directly outdoors. 2) Residents in Zone 1 and 2 have the potential to be affected by the citation. The Plant Operations Director conducted a visual audit of exhaust and return lines on the HVAC system on September 27, 2016 to ensure all dirty areas exhausted directly to the outside. All other exhaust and return lines were found to be in compliance. 3) The Administrator conducted one-on-one directed education with the Plant Operations Director on September 26, 2016 regarding the assurance that all dirty areas are provided with an exhaust that exhausts directly to the outdoors. 4) The Plant Operations Director will conduct visual audits of the can wash room exhaust line weekly for one month then once monthly for two months. The Plant Operations Director will present the results of these audits at the monthly Quality Assurance Performance Improvement Meeting X 3 months and audits will continue until 100% compliance is achieved. Members of the Quality Assurance Performance Improvement Committee are the Administrator, Medical 	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

THE FORM

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Administrator

09/27/2016

If continuation sheet 1 of 2